



COMPLETED

POTENTIAL HAZARDOUS WASTE SITE

PRELIMINARY ASSESSMENT

Kreisler Industrial Corp.	NJD001389642
Site Name	EPA Site ID Number
180 Van Riper Ave.	02-8403-10
Address Elmwood Park, NJ	TDD Number

Date of Site Visit: None Conducted

SITE DESCRIPTION

Kreisler Industrial assembles jet and airplane engines and parts. Tetrachloroethylene waste is generated at an average rate of one (1) 55 gallon drum every two months. The waste is stored prior to being hauled away in accordance with RCRA requirements.

PRIORITY FOR FURTHER ACTION: High Medium Low X

RECOMMENDATIONS

No further action is recommended.

Prepared by: M. Bulris
of NUS Corporation

Date: 5/16/84

235712





POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE NJ 02 SITE NUMBER D001389642

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) Kreislser Industrial Corp.		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 180 Van Riper Ave.			
03 CITY Elmwood Park	04 STATE NJ	05 ZIP CODE 07407	06 COUNTY Bergen	07 COUNTY CODE 003	08 CONG DIST 07
09 COORDINATES LATITUDE 40 54 10. N		LONGITUDE 074 07 30. W			
10 DIRECTIONS TO SITE (Starting from nearest public road) Garden State Parkway north to exit 159. Take Midland Ave. south to Market St., make right onto Market St. Market St. intersects Van Riper Ave.					

III. RESPONSIBLE PARTIES

01 OWNER (If known) Kreislser Industrial Corp.		02 STREET (Business, mailing, residential) 180 Van Riper Ave.			
03 CITY Elmwood Park	04 STATE NJ	05 ZIP CODE 07407	06 TELEPHONE NUMBER (201) 791-0700		
07 OPERATOR (If known and different from owner) Howard Fischer (Q.C. Manager)		08 STREET (Business, mailing, residential) 180 Van Riper Ave.			
09 CITY Elmwood Park	10 STATE NJ	11 ZIP CODE 07407	12 TELEPHONE NUMBER (201) 791-0700		
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR <input checked="" type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: 5 / 11 / 81 MONTH DAY YEAR <input type="checkbox"/> C. NONE					

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE _____ MONTH DAY YEAR <input type="checkbox"/> NO		BY (Check all that apply) <input checked="" type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION 1959 Present <input type="checkbox"/> UNKNOWN BEGINNING YEAR ENDING YEAR			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED One 55 gallon drum of Tetrachloroethylene waste generated every 2 months. The drum is stored inside the Plant Building.					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION No potential exists.					

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input checked="" type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
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VI. INFORMATION AVAILABLE FROM

01 CONTACT Mark Haulenbeek	02 OF (Agency/Organization) US EPA Region II		03 TELEPHONE NUMBER (201) 321-6685	
04 PERSON RESPONSIBLE FOR ASSESSMENT Maurice Bulris	05 AGENCY	06 ORGANIZATION NUS Corp., FIT II	07 TELEPHONE NUMBER (201) 225-6160	08 DATE 5 / 16 / 84 MONTH DAY YEAR



EPA FORM 2070-12 (7-81)



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER
NJ	D001389642

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)
04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

No potential exists.

01 ☐ B. SURFACE WATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)
04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

No potential exists.

01 ☒ C. CONTAMINATION OF AIR
03 POPULATION POTENTIALLY AFFECTED: Unknown

02 ☐ OBSERVED (DATE: _____)
04 NARRATIVE DESCRIPTION

☒ POTENTIAL ☐ ALLEGED

Low potential for localized contamination due to volatile organic vapors if drums are not sealed.

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS
03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)
04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

No potential exists.

01 ☐ E. DIRECT CONTACT
03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)
04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

No potential exists.

01 ☐ F. CONTAMINATION OF SOIL
03 AREA POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)
04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

No potential exists.

01 ☐ G. DRINKING WATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)
04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

No potential exists.

01 ☒ H. WORKER EXPOSURE/INJURY
03 WORKERS POTENTIALLY AFFECTED: Unknown

02 ☐ OBSERVED (DATE: _____)
04 NARRATIVE DESCRIPTION

☒ POTENTIAL ☐ ALLEGED

Low potential of exposure to organic vapors.

01 ☐ I. POPULATION EXPOSURE/INJURY
03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)
04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

No potential exists.



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PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
NJ D001389642

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

No potential exists.

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

No potential exists.

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

No potential exists.

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills/runoff/standing liquids/leaking drums)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

No potential exists.

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

No potential exists.

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

No potential exists.

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

No potential exists.

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

None

III. TOTAL POPULATION POTENTIALLY AFFECTED: NONE

IV. COMMENTS

None

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

US EPA RCRA inspection form
NJDEP/DWM files